



# South Central Alabama Mental Health

*Serving Butler, Coffee, Covington & Crenshaw Counties*

## **STRATEGIC PLAN**

for

## **Fiscal Years 2017 and 2018**

**SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD, INC.**

## **Purposes of the Strategic Plan**

1. To provide direction and guidance for the leadership of SCAMHB.
2. To serve as a training manual for the employees of SCAMHB.

## **Organizational Description**

South Central Alabama Mental Health Board (SCAMHB) is a public, non-profit corporation, incorporated under Act 310 of the Alabama Legislature.

1. We are a PUBLIC organization. SCAMHB is incorporated for a public purpose, to serve a public need. (Most non-profit organizations are privately incorporated, e.g. churches, advocacy organizations, fraternal organizations, etc.) We are considered quasi-governmental since we are established by local governmental entities: Butler County, Coffee County, Covington County, Crenshaw County, City of Greenville, City of Red Level, City of Andalusia, City of Opp, City of Florala, City of Brantley, City of Luverne, City of Enterprise, and City of Elba.
2. We are a NON-PROFIT organization. That is, the SCAMHB is incorporated for charitable and beneficial purposes without the intent of making profits to be distributed to its owners or shareholders.
3. We are a Corporation. While we are a public, beneficial agency, we are none-the-less a corporate entity. We have a corporate legal status and we operate as a business.
4. We are a local organization. We are owned and operated by a locally appointed Board of Directors. We belong to the community of South Central Alabama. We are not a state agency.

The Board of Directors: 39 directors are appointed by the local governmental bodies previously listed. They are volunteers who are charged with the legal responsibility to oversee SCAMHB. The Board employs an Executive Director who is responsible for the operations of SCAMHB. The Board meets every 4<sup>th</sup> Thursday at 11:30 AM except in October at the public meeting which is held the third Thursday of October at 2:00 PM.

### **Programs and Services**

SCAMHC provides an array of services for people who have mental illness and for those persons who experience difficulty in coping with life events. Services are offered to children through the geriatric years and include:

- |                              |                            |
|------------------------------|----------------------------|
| • Rehabilitative Day Program | • Intensive Day Treatment  |
| • Supportive Housing         | • Intermediate Care Home   |
| • Case Management            | • Small Capacity Group     |
| • Children's InHome Team     | Home                       |
| • Juvenile Court Liaison     | • Specialized Behavioral   |
| • School-Based MI Therapy    | Home                       |
| • Outpatient Therapy         | • Supported Housing Apts.  |
| • Geriatric Services         | • Adult InHome Team        |
| • Hospital Evaluations       | • Probate Court Liaison    |
|                              | • Psychiatric Services     |
| • Crisis Intervention        | • Testing                  |
| • Medication Monitoring      | • Information and Referral |

SCAMHB operates three Adult Training Centers for persons with Developmental Disabilities. Additionally, evaluation and assessment is provided. Services offered to the DD population include:

- Adult Training
- Case Management for Adults
- Evaluation and Assessment for Adults

Programs offered by SCAMHB Substance Abuse Division include:

- Crisis Residential
- Outpatient
- Court Referral

## **Historical Sketch**

1968	South Central Alabama Mental Health formed
1970	Bill Ward-Executive Director
1970	SCAMHB moved from Health Dept. to 301 S. Three Notch St. Staff consists of administrator, MH nurse, part-time pharmacist; secretary-bookkeeper and a pharmacist (one day per month).
1971	Legislature appropriated \$250,000 for construction of facility
1972	Coffee County office opened
1973	Joe Bates-Executive Director
1973	Alcoholism Program funded
1973	Merle Wright-Executive Director
1975	Lillian Dixon-MR Services Director
1976	Staff has increased from 15 in April 1973 to 40. Budget has increased from \$157,000 to approximately \$450,000.
1976	Jim Laney-Executive Director
1977	Searcy patients at new low of 57 from 187 in 1972
1978	Bay Branch Road site completed
1978	Awarded National Institute of Mental Health Operations Grant- \$663,833.00
1978	Budget 1.4 million
1979	Moved Greenville MR services to building donated by Casey Foundation
1981	Jim Stivers-Executive Director
1984	Rehab Option for Medicaid services began
1991	Bond Issue Enterprise and Greenville OP sites completed
1993	Richard Craig-Executive Director
1996	Cindy Hataway-Executive Director
1997	Bond Issue Luverne OP site completed
2001	Revenues total \$5,357,185-135 staff
2004	Hurricane Ivan strikes and severely damages Montezuma Center
2007	Montezuma renovations completed
2008	RUS grant awarded for Telemedicine equipment
2009	Revenues total \$6,062,943-139 staff
2009	Diane Baugher-Executive Director

## **Historical Sketch**

2010	Revenues total \$6,140,207-150 staff
2010	Three-Bed home and twelve Supportive Housing Units added to Continuum of Care
2011	Achieved Region IV Census Reduction Project Goal of 96 clients placed in community
2011	Revenues total \$7,565,096-155 staff
2012	Participated in Region IV closure of Searcy Hospital
2012	Placed Intermediate Care Home and Specialized Behavioral Home in service; ceased operation of Therapeutic Group Home; opened 12 supportive housing apartments
2012	Revenues total \$7,948,910-156 staff
2013	Revenues total \$8,632,693 – 141 staff
2013	Moved 3-bed home to Grace to home purchased with bond money; purchased two additional 3-bed rental homes in Garland with bond money
2014	Revenues total \$9,203,738-172 staff
2014	Bond Built Properties deeded to SCAMH by DMH
2014	Implemented Geneva Financial Software (Quantum)
2015	Revenues total \$9,142,125 – 169 staff
2015	Added MI/DD Rehab Day programs in Enterprise and Greenville
2015	Accounting for Deferred Pension Plan was enacted; GASB No. 68
2015	Implemented Net Smart (Avatar) Electronic Health Record
2015	Camellia Health Management, LLC formed
2016	Revenues total \$9,057,200 – 182 Staff
2016	Dixon Foundation grant to renovate bathrooms at the Main Center
2016	Diane Baugher becomes Associate Commissioner for Mental Illness and Substance Abuse at the Department of Mental Health
2017	Board votes not to merge
2017	Tommy Wright – Executive Director Sandy Flowers – Clinical Director
2017	Dixon Foundation grant to replace air conditioners at Main Center

## **Historical Sketch**

- 2017      Lowes and Goolsby Electric and Plumbing renovate the Kitchen at Coffee Activity Center
- 2017      Donna Beasley and Substance Abuse Program awarded CURES Grant (for opioid treatment) by DMH

## **MISSION STATEMENT**

We are dedicated to improving lives in a professional and caring manner

## **VISION STATEMENT**

To be the premier provider of community behavioral health services through effective leadership, financial integrity, innovative use of technology and creative problem solving.

## **VALUES STATEMENT**

A system of care is based on values and beliefs, whether written or implied.

The following statements reflect the values and philosophy of our organization. It is important that every employee understands and embodies these values if the organization is to fulfill its mission. The centerpiece of our values is quality to the customer.

- The most effective care is accessible, individualized, and recovery-oriented.
- Each Staff member is an integral part of our organization and will be highly skilled while demonstrating the highest level of ethical standards and professional behavior.
- We are partners and neighbors within the communities we serve and encourage cooperative efforts by eliminating barriers.
- Customer satisfaction is the hallmark of quality. The best way to ensure quality is to continually improve our processes.
- Prevention of errors rather than correction is the best way to achieve quality outcomes.
- We treat individuals with dignity, patience and respect in a confidential and compassionate manner.
- Our success is based on:
  - shared goals and commitment
  - versatility and flexibility

- high expectations
- openness to new ideas
- comprehensive, cost-effective service system

## **Plan Development**

Strategic planning is an integral and on-going function of the center's organization. During this process the mission and purpose of the organization is clearly defined and goals are set to achieve the best results possible with the resources available. Our planning process helps achieve the most efficient and effective use of the center's resources. Strategic Planning is conducted annually. The plan is developed for a two-year period. Key stakeholders and roles consulted during the strategic planning process include the Board of Directors, employees, clients and families, local government, and local partnering agencies and organizations. Methods used in needs assessment include written survey and face-to-face discussions. During planning a Strengths, Weaknesses, Opportunities and Threats analysis (SWOT) is completed.

<b>Strengths</b>	<b>Opportunities</b>
In-House Training	School Based Services
Range of services not offered elsewhere	Geriatric Services
Stable Medical Staff	JCAHO Certification
Diversity of Staff that are cross-trained	Primary Care Integration
Partnership with other agencies	Marketing
Customer Satisfaction	Open Access
Competent Staff	Telecommunication/Technology Uses
Cooperative/Supportive Board	Region D alliance
Quality of Services	Participation in evaluating standards
Nice facilities/equipment	Supportive Housing Beds
Fair Treatment of Staff	
Teamwork	
Financial Stability	
Public Image	
Flexible Staff	
<b>Weaknesses</b>	<b>Threats</b>
Technological Infrastructure	Medicaid Managed Care
Length of Time for in-house training	DMH Funding-Budget Cuts
Primary Reliance on Medicaid	Increased Competition
Staff turnover of para professionals	Volume of Standards
Services Driven by payers	Indigent
Lack of financial support	Lack of public transportation
Money that we leave on table from contracts	DOL-increase exempt status



On the job training	Inflation
Not enough MI beds	

## **Population Served**

### **Demographics for Catchment Area:**

<b>County</b>	<b>Population</b>	<b>White</b>	<b>Black</b>	<b>Other</b>	<b>% Below Poverty</b>
Butler	20,947	11,123	9,217	607	5,237
		53%	44%	3%	25%
Coffee	51,226	38,932	9,221	3,073	8,196
		76%	18%	6%	16%
Covington	37,458	31,839	4,870	749	8241
		85%	13%	2%	22%
Crenshaw	13,913	10,017	3,339	557	2,783
		72%	24%	4%	20%
Total	123,544	91,911	25,424	4,986	24,457
	2.6%	74%	22%	4%	20%
State Population Demographics					
	4,779,736	3,275,394	1,251,311	253,031	
		68.5%	26.2%	5.3%	17.1%

<b>County</b>	<b>Male</b>	<b>Female</b>	<b>Adult</b>	<b>Child</b>
Butler	9,845	11,102	15,920	5,027
	47%	53%	76%	24%
Coffee	25,101	26,125	38,932	12,294
	49%	52%	76%	24%
Covington	17,980	19,478	29,217	8241
	48%	52%	78%	22%
Crenshaw	6,817	7,096	10,713	3,200
	49%	51%	77%	23%
Total	59,743	63,801	94,782	32,080
	48%	52%	2.7%	2.6%
State Population Demographics				
State	2,320,188	2,459,548	3,411,931	1,251,989
	48.5%	51.5%	73.2%	26.8%

### **Description of type of populations served:**

Seriously Mentally Ill Adults (SMI)  
Severely Emotionally Disturbed Children and Adolescents (SED)  
Developmentally/Intellectually Disabled Adults (DD/ID)  
Substance Abuse Treatment (SA)

South Central Mental Health delivers mental illness services to approximately 4,500 citizens of the four-county catchment area. This is made up of 68.5% adults and 31.5% children. Our DD/ID population treated totals approximately 150 individuals. Adults receiving substance abuse treatment is approximately 400 annually.

### **Current Funding Sources**

Net Client Service Revenue	43%
Federal Grants and Contracts	5%
State Grants and Contracts	48%
Local Appropriations	1%
Other Revenues	2%
Contributions	1%

State dollars must be used to match Medicaid. The main source of Net Client Revenues is composed of Medicaid. Slightly less than 91% of revenue is tied to the state contracts making South Central heavily dependent on state contract dollars.

### **Future Funding**

Medicaid Managed Care will be implemented in FY2017. Much is still unknown as to the effect of this movement towards funding sources.

### **Communications**

The Strategic Plan is available for review by each staff member of South Central Mental Health through posting to the web site [www.scamhc.org](http://www.scamhc.org). The Strategic Plan is also posted on the Alabama Department of Mental Health Website.

## GOALS AND STRATEGIES

GOAL 1- Improve our client's experience in treatment through attention to Customer Satisfaction, Safety and Quality Services.

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE
Utilize Customer Satisfaction surveys to strengthen service delivery	Maintain 80% satisfaction on center customer satisfaction surveys	Performance Improvement Team	Percentage of positive responses from surveys returned	80% Satisfaction	09-30-2017 And 09-30-2018
Utilize survey to measure satisfaction amongst external customers	Achieve 80% satisfaction from survey.	Performance Improvement Team	Percentage of positive responses from surveys returned	Achieve or exceed group (national) mean if available, or 80% if not	06-30-2018
Provide access to MI services M-F through Open Access	Open Access to new customers 1 day per week at each county office	MI Services Director	Open Access in Place in each county	Open Access 4 days per week	12-31-2016
Identify community needs through a needs assessment	Develop and conduct community needs assessment.	Management Team	Needs assessment compiled and analyzed	Completed Needs Assessment	06-30-2018
Deliver quality services by reducing staff turnover	Instruction Manual by clinical job type	MI Services and Clinical Directors	Manuals in place	Manual for each MI service type	9-30-2017
Market SA service continuum to increase service delivery	Co-locate in Primary Care Offices	SA Services and Marketing Director	Location identified	Services in place	9-30-2017
	Market to industry and other community resources	SA Services and Marketing Director	Organizations identified	Meeting with 12 local organizations	9-30-2017
SA services delivered in correctional setting	Attain MOU to provide treatment in correctional facility	SA Director	MOU	MOU signed	9/30/2017
Develop Scholarship Fund for DD Waiver individuals	Look for grant money	DD/ID and Marketing Director	Grant/Grants written	Grant written for a minimum of \$10,000	3-31-2017
	Develop a fund raiser with proceeds to go to fund a scholarship	DD/ID and Marketing Director	Fund Raiser Identified	Fund Raiser conducted	3-31-2017

**GOAL 2-Improve Sustainability of Organization**

STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE
Maximize billing	Maintain or exceed productivity expectations	All Staff	Percentage of expectation	100% of expectation	10/1/2017 and 10/1/2018
	Increase attendance in RDP, OP Group, and Day Hab	MI and ID Division Heads	Increase in baseline	10% increase over baseline	10/1/2017
	Increase collections of DUI classes	SA Staff	Collect 95% of fees	95% collection rate	9/30/2014 and 9/30/2015
	Expand Adult Case Management	MI Division Director, HR, ED	Case Manager in every county	1 new case manager	9/30/2014
Primary Care Integration	Expand service base	MI Services and Marketing Director	Integration into primary care in Coffee and Covington County	Integration achieved	12/31/2016
Lower costs by reducing no shows	Provide weekly access to doctor	MI Services Director and Clinical Director	Open Access time identified for doctors	4% decrease in doctor no show rate	12-31-2017

GOAL 3-Become Managed Care Ready						
STRATEGY	OBJECTIVE	RESPONSIBLE PARTY	MEASURE	TARGET	TIMELINE	
Assess organizational changes needed in service delivery	Know our costs of service delivery	Executive Director and Accountant	Cost of service delivery identified by location and type of service	Unit cost identified	4-30-2017	
	Know our clients that will remain on Rehab Option	Executive Director and Billing Data Management Director	Identify of clients that in residential treatment, receive case management, in-home or day services and those that are dually eligible with Medicare and Medicaid	Clients paid through Rehab Option identified	4-30-2017	
	Know our clients will be on Medicaid Managed Care	Executive Director and Billing Data Management Director	Identify clients to be paid by Medicaid Managed Care	Clients paid through RCO identified	4-30-2017	
	Identify software changes needed to bill Medicaid for both Medicaid Managed Care and Rehab Medicaid	Executive Director and Billing Data Management Director	Identify setup changes needed in software to bill RCO and Rehab Option	Changes identified and solutions outlined	6-30-2017	
Create innovative clinical programs and services that enhance our market position as a preferred provider for public and private payers in the state including the Medicaid Managed Behavioral health payer and the emerging care models such as health homes	Identify through research programs we can put in place to become the go to provide of mental health services	Management Staff	New services/programs identified	First new service/program in place	9-30-2017	
				Second new service/program in place	9-30-2018	